

# NONRESIDENT INSURANCE AGENT LICENSE APPLICATION

Ref: Sections 628.04, 601.72, and 601.73, Wis. Stat.,  
and Section Ins 6.59, Wis. Adm. Code  
Section 466(a) [42 U.S.C.666(a)]



State of Wisconsin  
Office of the Commissioner of Insurance  
Agent Licensing Section  
P.O. Box 7872  
Madison, WI 53707-7872  
(608) 266-8699  
<http://oci.wi.gov/agentlic.htm>

**INSTRUCTIONS:** Print or type all required information. Send this form, any documentation required on the reverse side, and a check for fees made payable to the Office of the Commissioner of Insurance to the above address. To expedite the process, file an electronic application and pay by credit card at [www.sircon.com](http://www.sircon.com).

Last Name and Suffix (Sr., Jr.)		First Name		Middle Name	
Previous Wisconsin Insurance License Number	Birthdate (Mo./Day/Yr.) (mandatory)	Social Security Number (mandatory)	Application (check only one) Original WI Nonresident License		Enlargement of Current WI Nonresident License
Select Lines of Authority for Licensing ( <i>Note: Each box represents a separate line of authority—see fee schedule below</i> ) <b>Major Lines</b> Life      Property      Personal Lines P&C Accident & Health      Casualty					<b>Limited Lines</b> Credit      Legal Expense      Title
Residence Address (number, street, apartment number)					
City		State		Zip Code	
Business Name or Company Name					
Business Address (number, street, apartment number)					
City		State		Zip Code	
Residence Telephone		Business Telephone		E-mail Address	
Sex (for statistical purposes only) Male      Female	Ethnic Descent (for statistical purposes only) Black      Hispanic      Asian or Pacific Islander      American Indian or Native Alaskan      White      Other				
Identify licenses currently held to solicit insurance, real estate, or securities and the states:					

## SPECIFIC INSTRUCTIONS/FEEES

To obtain a permanent nonresident license, completion of this form is required per s. 628.04, Wis. Stat. Personally identifiable information on this form will be matched with information from other states, agencies, and law enforcement agencies. A letter of certification, license copy, PDB print screen or CRD reports are **NOT** required. Approval of your application **and** company appointment will enable you to enter the state and sell insurance. Provided that the application is in order and the appropriate fees are included, it is estimated that the license will be issued within 20-30 working days. Telephone inquiries regarding licensing status may delay the processing of your application. **Note:** Individuals with a Wisconsin residence address must obtain a resident license and follow a different application procedure.

In lieu of the paper application process, an individual can log on to [www.sircon.com](http://www.sircon.com) to file an electronic application and pay by credit card. Letters of Certification are not required and the processing time is approximately one week.

If you already have a Wisconsin nonresident license and wish to add a line or lines of authority, the same processes must be followed.

**After** the nonresident has received a license, the company or companies the agent intends to sell for must be contacted by the licensed agent to get appointed. The company is billed annually for both initial and renewal appointments of resident and nonresident agents.

Fee Schedule:		
One line of authority	\$ 50.00	<b>THE FEE REPRESENTS AN ADMINISTRATIVE EXPENSE AND IS THEREFORE NOT REFUNDABLE.</b>
Two lines of authority	85.00	
Three lines of authority	135.00	
Four lines of authority	170.00	

## VARIABLE CONTRACT:

A limited line variable contract test is NOT administered or required in Wisconsin. A properly licensed life insurance agent who has passed the appropriate NASD exam can sell variable contracts.

## MAJOR AND LIMITED LINES

Life (includes Credit Life, pre-need funeral expense, fixed and variable annuities)

Accident & Health (includes Credit Accident & Health, disability, long-term care, Medicare supplement)

Property (includes auto, homeowners, fire, hail, wind, livestock mortality, inland marine, crop, pet, mechanical breakdown, window etching, gap plus)

Casualty (includes auto, homeowners, fidelity, steam boiler, title, worker's comp., debtors, credit unemployment, prepaid legal expense, surety, town mutual nonproperty, mortgage guaranty, gap, errors and omissions)

Personal Lines P&C (property and casualty insurance sold to individuals and families for primarily noncommercial purposes)

Credit (includes credit life, credit disability, credit property, credit unemployment, involuntary unemployment, mortgage life, mortgage guaranty, mortgage disability, gap)

**(Note: To sell auto and/or homeowners insurance, an agent must hold both property and casualty lines)**

Check the appropriate box. If you answer "Yes" to any of the questions, it will be necessary for you to attach copies of the documentation listed to your application. Failure to attach the documentation will delay the issuance of your license and may result in the denial of your license. Applications are reviewed on an individual basis after they are received by OCI, and decisions cannot be made prior to receipt of the complete application by OCI.

1. Have you ever been convicted of, or are you currently charged with, committing a crime, as defined, whether or not adjudication was withheld? "Crime" includes a misdemeanor, felony, or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine. If you answer Yes, you must attach to this application:
 

Yes No

  - a) a written statement explaining the circumstances of each incident,
  - b) a copy of the charging document, and
  - c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A Yes No

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A Yes No
2. Have you or any business in which you are or were an owner, partner, officer, or director ever been involved in an administrative proceeding regarding any professional or occupational license? "Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee. If you answer Yes, you must attach to this application:
 

Yes No

  - a) a written statement identifying the type of license and explaining the circumstances of each incident,
  - b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
  - c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured, or producer, or have you ever been subject to a bankruptcy proceeding? Only include individual bankruptcies that involve funds held on behalf of others. If you answer Yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.
 

Yes No
4. Have you been notified by any jurisdiction to which you are applying for any delinquent tax obligation that is not the subject of a repayment agreement? If you answer Yes, identify the jurisdiction(s):
 

Yes No
5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? If you answer Yes, you must attach to this application:
 

Yes No

  - a) a written statement, summarizing the details of each incident,
  - b) a copy of the Petition, Complaint, or other document that commenced the lawsuit or arbitration, and
  - c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
6. Have you or any business in which you are or were an owner, partner, officer, or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? If you answer Yes, you must attach to this application:
 

Yes No

  - a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
  - b) copies of all relevant documents.
7. Do you have a child-support obligation in arrearage that is currently subject to a repayment agreement or are you subject to a child-support related subpoena/warrant?
 

Yes No

If you answer Yes, by how many months are you in arrearage? Months

#### CERTIFICATION

The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the commissioner is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child-support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the nonresident state.

Signature of Applicant

Date